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TO
Examiner Michael Trettel
Art Group 3673
United States Patent and Trademark Office**FAX NO.**
(703) 872-9306**User Number:** 872 **Client #:** 8266 **Matter #:** 1208**Total number of pages transmitted including cover sheet:** 8**Comments:****MAIL STOP NON-FEE AMENDMENT**Faxed: 01 August 2005
Applicant: Allen et al.
Serial No.: 10/770,721
Title: **HOSPITAL BED AND MATTRESS HAVING A RETRACTABLE
FOOT SECTION**
Filed: February 3, 2004
Atty. No.: 8266-1208☒ Amendment Transmittal w/ Certification Under 37
C.F.R. § 1.8(a) (in duplicate)☒ Response to Final Official Action Dated 5/31/05 w/ Certificate Under 37 C.F.R.
C.F.R. § 1.8(a)The stamp of the Patent and Trademark Office hereon indicates receipt of the above-
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PAGE 1/8 * RCVD AT 8/1/2005 3:32:34 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-610 * DNIS:8729306 * CSID:+13176845173 * DURATION (mm-ss):02-16

BOSE MCKINNEY & EVANS LLP**CUSTOMER NUMBER 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION**

Applicant: Allen et al. }

Serial No.: 10/770,721 }

Filing Date: February 3, 2004 }

Title: HOSPITAL BED AND }

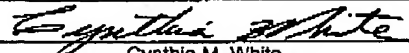
MATTRESS HAVING A }

RETRACTABLE FOOT }

SECTION }

Group: 3673 Examiner: Trettel }

Atty. Docket: 8266-1208 }

Certificate Under 37 C.F.R. 1.8(a)I hereby certify that this paper or correspondence is being transmitted *via facsimile* to (703) 872-8306 at the United States Patent and Trademark Office, Alexandria, Virginia 22313-1450.On August 1, 2005
Cynthia M. WhiteDated: August 1, 2005MAIL STOP AF
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P.O. Box 1450
Alexandria, VA 22313-1450**RECEIVED
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Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

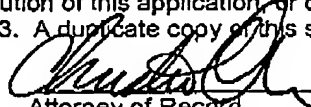
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	17	20	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	3	0	\$86	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

An Extension of Time for _____ month(s) is hereby requested under
37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

Information Disclosure Statement _____


TOTAL FEE FOR THIS AMENDMENT**\$0**A check in the amount of \$ to cover the total fee for this
amendment is attached. _____

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.


Attorney of Record
Printed Name: Christine E.M. Orich
Registration No.: 44,987

639612_1

BOSE McKINNEY & EVANS LLP**CUSTOMER NUMBER: 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION*****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE*****Atty. Docket.** 8266-1208**Applicant(s):** Allen et al.**Title:** HOSPITAL BED AND
MATTRESS HAVING
A RETRACTABLE
FOOT SECTION**Serial No.:** 10/770,721**Filed:** February 3, 2004**Examiner:** Trettel, M.**Group:** 3673

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	Cynthia M. White
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AUG 01 2005**RESPONSE TO FINAL OFFICIAL ACTION DATED 5/31/2005****MAIL STOP AF**
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P.O. Box 1450
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Dear Sir:

Applicants respectfully submit the following in response to the May 31, 2005
Office Action.**Listing of Claims/Amendments to Claims** begins on page 2.**Remarks** begin on page 5.